

229114
2011-25-A

AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS

TYPE: ☐ IXC ☐ CLEC ☐ ILEC ☐ Wireless

CERTIFICATED COMPANY INFO

BroadPlex, LLC

Company Name

828-433-4506

Telephone #

Dbal/ka

100 E Meeting St

Mailing Address

Morganton NC 28655

City, State, Zip Code

100 E Meeting St

Business Location

Morganton NC 28655

City, State, Zip Code

Burke

County

REGISTERED AGENT INFORMATION

Registered Agent: _____

Mailing Address: _____

City, State, Zip Code: _____

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

A.

Anne Hill

General Manager (Include address if different than above.)

828-433-4506

Telephone Number

828-430-8673

Facsimile Number

Anne.Hill@broadplex.com

E-mail Address

B.

Shelia Wilkes

Customer Relations /Complaints Representative (Include address if different than above.)

828-433-4506

Telephone Number

828-430-8673

Facsimile Number

shelia@broadplex.com

E-mail Address

C1.

Anne Hill

Customer Relations/Complaints Representative for Escalated Complaints (Include address if different than above.)

Telephone Number

Facsimile Number

E-mail Address

C2.

877-576-3899

Customer Contact (Toll Free Number)

D.

Andi Harrison

Engineering Operations (Include address if different than above.)

828-433-4506

Telephone Number

828-430-8673

Facsimile Number

Andi@broadplex.com

E-mail Address

E.

Therman Bowman

Test and Repair (Include address if different than above.)

828-433-4506

Telephone Number

828-430-8673

Facsimile Number

therman@broadplex.com

E-mail Address

F.

DR. Rocco DiSanto - CED

Emergencies (During non-office hours)

828 433 4386

Telephone Number

828 433 0863

Facsimile Number

drdisanto@broadplex.com

E-mail Address

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

G.

Regulatory Officer (Include address if different than above.)

Telephone Number

Facsimile Number

E-mail Address

H.

Dual Party Mailings (Name)

Mailing Address

Telephone Number

Facsimile Number

E-mail Address

I.

Interim LEC Fund Mailings (Name)

Mailing Address

Telephone Number

Facsimile Number

E-mail Address

J.

Universal Service Fund Mailings (Name)

Mailing Address

Telephone Number

Facsimile Number

E-mail Address

K.

Gross Receipts Mailings (Name)

Mailing Address

Telephone Number

Facsimile Number

E-mail Address

L.

Lifeline Mailings (Name)

Mailing Address

Telephone Number

Facsimile Number

E-mail Address

Anne Hill

This form was completed by (print name)

Anne Hill

Signature

Manager

Title

4/1/11

Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC
 Clerk's Office
 Post Office Drawer 11649
 Columbia, South Carolina 29211

Office of Regulatory Staff
 Attn: Jeanne Gordon
 1401 Main Street, Suite 900
 Columbia, South Carolina 29201

(Rev. PSC 11/2010)